

Housing List Application

Contact Information :

Contact Name					
Business Name (if applicable)					
Phone Number		Best Time to Call			
Email address					
Contact Mailing Address					
City		State		Zip	

Property Listing Information :

Rental Location Address					
City		State		Zip	
Does this location have an on-site housing manager? (Circle one)			YES	NO	

More specific details for easier finding of above location (if necessary):

Please indicate municipality that listing is in:

City of _____ Village of _____ Township of _____

Please select one of the following:

- The above listed property is in compliance with its respective municipality and I have enclosed a copy of the current license/permit. I am aware that I am required to forward a current copy of my license/permit upon renewal in order for my listing to remain active.

Current license expires:

OR

- The above listed property is not required to be licensed in its respective municipality for the following reason:

(Properties that indicate that they are not required to be licensed will be reviewed on a case by case basis for confirmation of exemption.)

Property Listing Information: (Continued)

Select Rental Type (s)	# of Rooms Available	Weekly Rate Per Person	Monthly Rate	Utilities Included	Furnished	Security Deposit (if required)
<input type="checkbox"/> Motel Room(s)		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
<input type="checkbox"/> Apartment(s)		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
<input type="checkbox"/> Single Room(s) in Private Home(s)		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
<input type="checkbox"/> Cabin(s)		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
<input type="checkbox"/> Mobile Home(s)		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
<input type="checkbox"/> Entire House(s)		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

Rental Availability :

Year-Round OR Seasonal

If "Seasonal", indicate: Opening ___/___/___ Closing ___/___/___

Description of rental property: (Include any important information, if additional space is needed please attach a separate sheet.)

Please contact the Visitor Bureau when housing is no longer available.

Please return form to:

Attn: Bonnie J. Stratton
 Receptionist
 WDV&CB
 PO Box 390
 115 La Crosse Street
 Wisconsin Dells, WI 53965
 608-254-7180 ext. 333
 608-254-4293 Fax
 bonnie@wisdells.com